

Membership Dues Reimbursement Application

(Form ER75-A, R. 11/08)

RETURN APPLICATION TO:
 Training & Development Services
 Department of Employee Relations
 200 E. Wells Street, Room 706
 Milwaukee, WI 53202-3515
 414.286.3650 / Fax: 414.286.0800
 Email: jkamme@milwaukee.gov
 www.milwaukee.gov/der/TuitionBenefit

INSTRUCTIONS: Please use black ink only; **do not use a pencil.** Sign and attach a copy of a PAID RECEIPT.

APPLICANT INFORMATION			
NAME:		(WORK) Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Department:		Employee ID #:	
<p>After your application is reviewed and processed, you will receive an Approval Determination Letter via EMAIL. The letter will let you know on which paycheck the reimbursement will be added. Please check one of the following:</p> <p><input type="checkbox"/> I have neither a personal or work Email address; mail the letter to my home.</p> <p><input type="checkbox"/> Email the Approval Determination Letter to the following Email address:</p>			
<p align="center">NAME OF ORGANIZATION</p> <p align="center"><i>Please spell out the entire name of the organization.</i></p>		ENROLLMENT PERIOD	
		Start Date (mo/day/yr)	End Date (mo/day/yr)
		DUES COST	
1)			\$
2)			\$
3)			\$
4)			\$
<p>Describe how membership in the organization(s) is <u>DIRECTLY</u> related to your current position:</p>			
<p>Please sign and forward the application directly to Training & Development Services.</p> <p><input checked="" type="checkbox"/> The membership(s) listed above are <u>directly</u> related to my present position.</p> <p><input checked="" type="checkbox"/> I have read the instructions and administrative guidelines and I agree to abide by them.</p> <p><input checked="" type="checkbox"/> I understand the Department of Employee Relations must approve this application.</p>			
Please Sign Here →			Date:

This section is for Employee Relations' use only.	
Approved _____ Not Approved _____	1)
Previous Reimbursement: \$	2)
Pay Date:	3)
Pay Code: 906	4)
COMMENTS:	TOTAL: \$

PLEASE DO NOT RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION.

ADMINISTRATIVE GUIDELINES for: Membership Dues Reimbursement

- **Approval Determinations for Membership Dues:** If you want to know in advance if a membership will be approved for reimbursement, please call 286-3650 or 286-3387. Not all bargaining units are eligible for membership dues. Organizations MUST be nonprofit, nonsectarian and established for the expressed purpose of providing information, resources and programming that benefit its members in their professional specialties. Membership dues are applied to the year in which the enrollment period begins. Membership dues reimbursement DOES NOT include union dues.
- **You must submit the application** and receipts within four (4) months after paying for a membership.
- **Membership Dues Benefits Do Not Cover:** union dues, licenses, certifications, examinations, administrative fees, magazine/journal/periodical subscriptions.
- **A valid receipt** is required for membership dues reimbursement requests.
- **Unacceptable receipts include** invoices or registration forms requesting payment, receipts that show payment was made by another person, or receipts that are not legible.
- **Definition of an Acceptable Receipt:** Receipts MUST show that payment was made, as well as the amount paid. Examples of acceptable receipts include: cash register receipt, canceled check (copy of both sides required), money orders, credit card statements, or official receipts provided by the school or organization. Bank statements are only acceptable when accompanied by a copy of the front of the check or check carbon.
- **Taxes:** ALL courses, seminars and conferences, and membership dues are nontaxable. The reimbursement is added to your gross total, but not to taxable earnings and NO withholdings will be taken.

MEMBERSHIP DUES REIMBURSEMENT INSTRUCTIONS:

1. You may apply for up to 4 membership reimbursements on each application. *Please use a second application if listing more than 4 memberships.*
2. Complete the Applicant Information sections.
3. Print and sign the application.
4. Attach a copy of the required receipt(s).
5. Mail or fax (286-0800) the completed application **and** required receipt(s) directly to Training & Development Services, Room 706, City Hall.

The applications are reviewed and processed in the order in which they are received. In general, you will receive the reimbursement within 8 weeks from the date Training & Development Services received your completed application. You will receive an Approval Determination Letter prior to the 8 weeks. The reimbursement is added to your regular payroll check and is non-taxable (the approval determination letter will have the check date on it).

If you have any questions on the instructions or guidelines, please call 286-3650 or 286-3387.